

**MULTIPLE DEPENDENT CLAIMS
PAYER CALCULATION SHEET
(FOR THE PAYER FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS PUBLISHED		AFTER INTERAMOUNT		AFTER INTERAMOUNT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.						
TOTAL	2					

	IND.		DEP.		IND.		DEP.	
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